



## PART B - FEE(S) TRANSMITTAL

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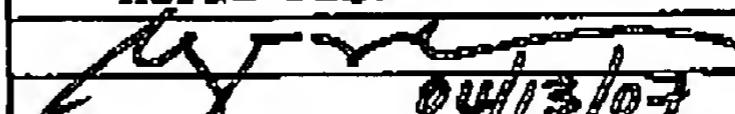
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25226 7590 04/10/2007  
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Maria Linda Guillermo	(Depositor's name)
	
(Signature)	
04/13/07	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/627,372	07/24/2003	Harihar A. Pershad Singh	421842000400	2447

TITLE OF INVENTION: NOVEL PPAR LIGANDS THAT DO NOT CAUSE FLUID RETENTION, EDEMA OR CONGESTIVE HEART FAILURE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE(S) DUE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	\$700	\$300	\$01 FC:2501 02 FC:1504 03 FC:8001	\$1000 100.00 DA 1700.00 DA 18.00 DA	07/10/2007
EXAMINER	ART UNIT	CLASS-SUBCLASS				

KWON, BRIAN YONG S

1614

514-259100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list  
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(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Morrison & Foerster LLP

2. \_\_\_\_\_  
3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Bethesda Pharmaceuticals, Inc.

Mill Valley, California

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

- Issue Fee  
 Publication Fee (No small entity discount permitted)  
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-1952 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Kelly Hershey

Date April 13, 2007

Typed or printed name Kelly E. Hershey

Registration No. 48,408

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